

## **DME Update for October 2008**

The DME regulation 907 KAR 1:479 has been revised and will be available on the website.

The changes to be noted are:

Section 4 (10) A vest airway clearance system will now be available for purchase after a three (3) month trial period. With the past regulation, no purchase was allowed.

Section 4 (3) (b) removes the reference to size when referring to the requirement for a PT evaluation. The past regulation indicated size was also a reason for a PT evaluation.

Section 7 (2) (a) clarifies that a prior authorization request must be submitted prior to or within one year of date of service.

Other changes for October:

E1221 –E1228 have had descriptions updated.

A6530 is clarified to reflect 18 mmHg-30 mmHg.

A6531 is clarified to reflect 30-40 mm Hg.

B4150 Ensure w/fiber 8 oz. individual pkt. has had reimbursement changed to \$1.61.

PA requirement indicators on the fee schedule have been removed from E0171 and L8515.

Two Cal formula has been updated to include HN after the name.

## **SEPTEMBER 1, 2008 Update**

L5618 has had the prior authorization requirement removed with the system update. This is effective as of 8-1-08.

L3913 has been added to the fee schedule effective for DOS 4-1-08 and after. PA is required and reimbursement is \$170.97.

A5083 has been removed from prior authorization for DOS 8-1-08 and forward.

E0856 has been removed from prior authorization for DOS 8-1-08 and forward.

E0117 has been added to the fee schedule for DOS 6-12-08 and after. PA is required and the reimbursement is \$154.17.

Effective 8/18/08, Noridian Administrative Services has taken over the duties of SADMERC. Please access the information from this website: [www.dmepdac.com](http://www.dmepdac.com). You will have a link at that site to direct you to DMECS. DMECS is the new DME coding system.

E0248 has been added to the fee schedule for DOS 4/28/08 and after. PA is required and manual pricing.

Phlexy 10 capsules have been added as a metabolic product. Please use B4155. Manual pricing and PA required.

### **August 1, 2008 Update**

K0669 coding description has been updated. W/C accessory, seat or back cushion, does not meet specific code criteria or no written coding verification from SADMERC.

Effective 8-1-08 the following codes have had reimbursement changes:

- 5083 rate set \$0.50
- E0856 rate set \$123.22
- E2227 rate set \$1,255.30
- E2228 rate set \$749.01
- E2397 rate adjustment \$331.30
- L3806 rate adjustment \$517.69
- L3808 rate adjustment \$488.89
- L3905 rate adjustment \$301.89
- L3927 rate set \$22.09
- L7611 rate set \$467.23
- L7612 rate set \$860.28
- L7613 rate set \$1,085.74
- L7614 rate set \$919.62
- L7621 rate set \$1,634.55
- L7622 rate set \$1,409.09

Effective 7-8-08, E2331 has been added for coverage. This code is an attendant control, power W/C accessory, proportional, including all

related electronics and fixed mounting hardware. The item must be prior authorized and is manually priced.

Jevity 1.5 has been added to the fee schedule with a reimbursement of \$1.00 per 8 oz. can.

Isomil Soy and Iron 13 oz. can reimbursement is \$4.84 effective for DOS 8-1-08 and after.

Correction for code E2402. This item is a rental only item and can not be purchased. Any service or maintenance is considered part of the rental reimbursement and can not be billed separately.

E2207 requires prior authorization and the fee schedule has been corrected to reflect this.

L5618 will require prior authorization until a system change can be made. This will be accomplished as soon as possible.

E0970 is being removed from the fee schedule effective for DOS 8-15-08 and after. Crosswalk codes according to CMS are K0037 & K0042.

## **July 1, 2008 Update**

Pick up and delivery of DME equipment and supplies are not covered DMS services. This includes pick up and delivery for equipment repairs. If you provide this service free of charge to all other customers (regardless of insurance) you may not bill the member. If you do not provide this service free of charge, you may bill the member if you advise the member that is not a Medicaid-covered service and you have written documentation that the member understands the charge is his/her responsibility.

Jevity 1.0 pricing is per 8 oz. can.

Pricing for Elecare 14 oz. can is being increased to \$47.50.

Nestle Healthcare Nutrition, Inc. has purchased Novartis Medical Nutrition. Several product HCPCS codes have been updated. Vivonex Peds is now coded as B4161. Nutren Jr and Nutren Jr with Fiber are now coded as B4160. These changes will be reflected on the July 1 revised fee schedule.

## **DME Update 06/01/08**

**Breast pump clarification:** Breast pumps for mothers who do not have Medicaid or whose eligibility has terminated, who do not have commercial insurance coverage of the item and who have a WIC denial for coverage of the item may request a pump rental for a Medicaid-eligible baby using the baby's number. You no longer have to go through the EPSDT program to obtain this coverage.

E1035 Multi-positional transfer system with integrated seat has been added to the fee schedule for dates of service April 3, 2008 and beyond. Reimbursement is \$4905.60 and prior authorization is required.

Continuous glucose monitoring items A9276, A9277 and A9278 have been added to the fee schedule with PA required and manual pricing.

Perative coding has changed to B4153 instead of B4154. Reimbursement has not changed.

### **DME Update 05/01/08**

A7507 reimbursement has been increased to \$2.49 effective 5/1/08.

B4082 has been added with reimbursement of \$14.73 with no PA required.

A6506 Compression burn garment glove to axilla, custom fabricated has been added with PA required and manual pricing.

A4483 Moisture exchanger, disposable, for use with invasive mechanical ventilation has been added to the fee schedule. PA required with manual pricing.

A7520 reimbursement will be increased to \$47.48 effective 5/1/08.

Phenex 2 has been added to the fee schedule with PA required and a reimbursement of \$43.68 per 400-gm. can. Please use B4162 for pediatric and B4157 for adult use.

Phenex 1 should be coded with B4162 for pediatrics and B4157 for adult use. These have been verified on the Abbott website.

### **DME Update 04/01/08**

L3702 has been added to the fee schedule with PA required and manual pricing.

Benecalorie coded under B4155 has been added to the fee schedule with PA required and reimbursement at \$1.47 per can.

The reimbursement rules for E0952 have been entered and claims should pay correctly.

A6543 has been added to the fee schedule with PA required and manual pricing.

E0849 has been added to the fee schedule with PA required and manual pricing.

Reimbursement for Traumacal has been changed to \$2.62 per can effective 4-1-08.

K0672 has been added to the fee schedule effective 4-1-08 with PA required and manual pricing.

### **DME Update 03/01/08**

A4211 Supplies for self-administered injections is to be used for pen needles. Please request in quantities of 1 box of 100 needles = 1 unit. Manual pricing and prior authorization applies.

K0006 and K0007 wheelchairs:

It has been the policy of KY Medicaid when a prior authorization for a K0006 or K0007 wheelchair is requested to require a PT evaluation. These chairs are suitable for a person weighing 250+ pounds.

To require a PT evaluation for members who weigh 250+ pounds could be considered discrimination based on the weight of the member. For this weight range, the K0006 and K0007 manual wheelchairs should be considered a standard wheelchair and a PT evaluation will not be required. Prior authorization will continue to be required for these codes.

The wording of 907 KAR 1:479 Section 4 (3) (b) will be clarified with the next regulation revision.

This is effective for Dates of Service 1-1-08 and after.

CMS has activated K0672, addition to lower extremity orthosis, removable soft interface, all components, replacement only, each. This is effective 4-1-08. This code requires a PA and is manually priced.

### **DME Update 02/06/08**

A4402 should be billed as 1 oz. =1 unit. There is a limit of 4 units per calendar month. Over the limit requires a prior authorization. The pricing on the fee schedule reflects the payment per 1 oz.

### **DME Update 02/01/08**

K0606 has been added to the fee schedule as a rental only with a reimbursement of \$2,268.20 monthly. Prior authorization is required.

Prior authorization has been removed effective 1/15/08 for the following codes: A7044, L3925, L3929 and L3931. Necessary system change has been made.

Quantity pricing clarification: Vital High Nitrogen is priced 6/packets per carton.

K0669 is to be used for wheelchair accessory- wheelchair seat or back cushions when the item does not meet specific code criteria or no written coding verification from SADMERC. Please see the 2008 HCPCS Level II book.

Mic-Key G-Tubes:

Use E1399 with manual pricing to dispense a kit. The invoice must indicate that it is a kit and you must be able to provide the contents of the kit upon request by SHPS. The Kimberly-Clark kit consists of the tube, extension set with secur-lok right angle connector and two port Y, one bolus ext set with cath tip, secur-lok straight connector, one 35-ml. catheter tip syringe, one 6-ml. luer slip syringe and four gauze pads. Additional extension sets would not be authorized at the time the kit is approved without justification.

The kit contents must be complete from the manufacturer and not assembled in your office.

B4088 refers to the tube only and would be subject to the current pricing as CMS has set a rate for Kentucky for that code.

Quantity change for L8020 and L8030-PA required for greater than two per year.

## **DME Update 01/01/08**

Codes added:

A4252, A5083, A7027, A7028, A7029, B4087, B4088, E2227, E2228, E2312, E2313, E2397, L3925, L3927, L3929, L3931, L7611, L7612, L7613, L7614, L7621, and L7622.

Codes deleted:

B4086, E2618, K0553, K0554, K0555, L0960, L1855, L1858, L1870, L1880, L3800, L3805, L3810, L3815, L3820, L3825, L3830, L3835, L3840, L3845, L3850, L3860, L3907, L3910, L3916, L3916, L3918, L3920, L3922, L3924, L3926, L3928, L3930, L3932, L3934, L3936, L3938, L3940, L3942, L3944, L3946, L3948, L3950, L3952, L3954, L3985, and L3986.

Codes deleted in 2007 have been removed from the 2008 fee schedule. To locate these codes, please see the DME link to past fee schedules listed below in archives.

Diagnosis codes are required for processing your claims. Monitoring of this will be conducted randomly during the year. If your provider is selected for monitoring, a letter will be sent by DMS detailing the information to be returned for review.

Reimbursement for Suplena has been increased to \$2.07/can effective 12/1/07.

Oxygen reimbursement for E0424, E0439, E1390, and E1391 has been set for 2008. The monthly rental amount will be \$199.28.

Vivonex Plus reimbursement has been increased to \$12.59 per individual packet.

A6534 has been added to the DME fee schedule with prior authorization required and manual pricing.

The following codes have had rates set: E0171, E0500, E0762, E1014, L3806, L3925, L3929, L3931 and L5964.

The following codes have had rate adjustments: A7032, A7034, A7044, B4083, E0570, E0675, E0981, L0468, L3332, L3763, L3923, L4386, L6611 and L6805.